

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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34		2		2								
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36		2		1								
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39		2		2								
40		1		1								
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42		1	1									
43	1		1	1								
44		1		2								
45		2		1								
46		1		1								
47		1		1								
48		1		1								
49												
50												
TOTAL IND.	2		2									
TOTAL DEP.	25		25									
TOTAL CLAIMS	27		27									
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